



PITTSBURG UNIFIED SCHOOL DISTRICT

Employee: _____

School / Department: _____

TIME AWAY FROM WORK REQUEST

Please fill out this form for each absence, IN ADVANCE, other than Illness or Emergency Leave. Submit to your immediate supervisor for approval.

I request from (dates) _____, 20__ to _____, 20__, a total of ____ days or ____ hours (choose one), because of authorized or needed absence.

Supervisor
Approval

- Illness (use of Sick Leave) from _____ to _____.
(Doctor's verification may be required.)
- Emergency Leave (Unanticipated; Sick Leave is deducted.)

PRIOR APPROVAL REQUIRED:

- Vacation
- Personal Business (Prior written approval is required; Sick Leave is deducted.)
- Personal Necessity (Sick Leave is deducted.)
- Industrial Leave (Verification required for any injury on the job.)
Date of Injury: _____
- Jury Duty (Proof of service is required.)
- Management Leave
- Compensatory Time
- Bereavement Leave Please state relationship of the deceased: _____
Within the State of California? ____ Yes ____ No (Submit written verification.)
- Military Leave (orders noting the expected dates of leave are required.)
- Association Leave
- Maternity leave (Doctor's verification required) check one below
____ Deducted from sick leave ____ Unpaid time (FMLA/CFRA)
- Paternity leave (One day only; Sick Leave is deducted)

Comments: _____

(Date)

(Employee's Signature)

(Date)

(Supervisor's Signature)